Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

BARIATRIC SURGERY REQUEST

PROVIDER INFORMATION	
PROVIDER NAME	PROVIDER NUMBER
TELEPHONE NUMBER	FAX NUMBER

CLIENT INFORMATION	
CLIENT NAME	PIC NUMBER (AB-122300-SMITH-A)

SERVICE REQUEST INFORMATION	
SURGERY DESCRIPTION	
CPT CODES	ICD-9 Dx CODES AND DESCRIPTION
HOSPITAL NAME	PERFORMING SURGEON

CLIENT MEDICAL INFORMATION

1. Body Mass Index
2. Assessment of surgical risk:

3. Previous failure with weight loss programs: (List each program and approximate dates of participation)

	Weight Loss Program	Approximate Dates		
a.	_____	_____	thru	_____
b.	_____	_____	thru	_____
c.	_____	_____	thru	_____
d.			thru	

4. Is there co-morbidity related to:

	Yes	No
Obesity? ……	☐	☐
Diabetes? ……	☐	☐
If yes, explain:		
Cardiac Disease? ……	☐	☐
If yes, explain:		
Pulmonary Disease? ……	☐	☐
If yes, explain:		
Joints/Back? ……	☐	☐
If yes, explain:		
Other? ……	☐	☐
If yes, explain:		

5. Does the client have the ability to maintain the post-operative dietary changes required? ☐ Yes ☐ No
Why or why not?

6. **Please attach the following:**
- Detailed history and physical exam
- Endocrine labs (thyroid and glucose tolerance or assessment of diabetes control/HbA1c)
- Renal and liver function tests

Fax: 360-586-1471 or mail to: Medical Request Coordinator
HRSA
PO Box 45506
Olympia, WA 98504-5506